

Acute Coronary Syndromes

GENDER DISPARITIES WITH RESPECT TO CORRELATES FOR CLINICAL ADVERSE OUTCOMES AFTER CONTEMPORARY PCI IN PATIENTS WITH ACS

Poster Contributions

Poster Sessions, Expo North

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Background: Women undergoing percutaneous coronary intervention (PCI) have higher adverse outcomes than men. The present study aimed to determine differences in correlates between genders for long-term outcomes in acute coronary syndrome (ACS).

Methods: The study included a cohort of 6929 consecutive patients who presented with ACS. Major adverse cardiovascular events (MACE), defined as all-cause mortality, myocardial infarction, and target lesion revascularization at 1-year follow-up. Independent correlates of adverse outcomes for each gender were identified using multivariable proportional hazard regression analysis.

Results: Compared to males, female patients were older ($p < 0.001$), had a higher prevalence of diabetes mellitus ($p < 0.001$), hypertension ($p < 0.001$), chronic renal insufficiency ($p = 0.02$), peripheral arterial disease ($p < 0.001$), congestive heart failure ($p < 0.001$), and higher body mass index ($p < 0.001$). ACS presentation in Women tends to be unstable angina while men have more acute MI. At 1 year, the rates of all-cause mortality (11% vs. 7.5%, $p < 0.001$) and MACE (16% vs. 13%, $p < 0.001$) were higher in Women. There is a stark gender disparity for the independent correlates of mortality and MACE at 1 year (Fig). Moreover, the traditional correlates do not have the same impact in women as they do in men.

Conclusions: There are different correlates for adverse PCI outcomes across genders. These correlates should be taken into account when subjecting women to contemporary PCI.

Independent predictors of one year MACE events

